



INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR AUTHORIZATION TO COLOUR FUEL

under the Motor Fuel Tax Act

GENERAL INSTRUCTIONS

Complete this form to request authorization to dye (colour) fuel that you own at specific locations in B.C. A Fuel Dye Authorization also allows you to colour heating oil and non-motor fuel oil that you own for use other than in internal combustion engines. For more information about applying for authorization to dye fuel and responsibilities of the person authorized to dye fuel, read [Bulletin MFT – CT 003](#), Coloured Fuels and Other Substances, or visit our website at gov.bc.ca/fuelandcarbontax

For further assistance, contact us:

- Toll free: 1-877-388-4440
- Email: FuelTax@gov.bc.ca

STEP 1

Complete the application in full. Your application will be delayed or returned if you do not provide all required information.

For each location where you intend to dye fuel, you **MUST** enter its details on [Page 4](#). If you are applying for more than two locations, make copies of **Page 4** and enter details for each additional location(s).

STEP 2

For each location where you intend to dye fuel, attach photos of the business and/or fuel storage facilities.

STEP 3

You may submit your application using one of the following methods:

Fax: 250-387-5882
Email: FuelTax@gov.bc.ca
Mail: Motor Fuel and Carbon Tax Section
PO Box 9447 Stn Prov Govt
Victoria BC V8W 9V7

Remember to include:

- A copy of your Certificate of Incorporation (if applicable)
- A completed and signed Authorization or Cancellation of a Representative ([FIN 146](#)) form, if you wish to appoint any additional business contacts

STEP 4

On receiving a complete application, the Ministry will:

- review the application to determine if you meet the requirements for fuel dye authorization,
- contact you to clarify the application or request additional information, if necessary, and
- inform you by mail if you are not eligible or your application is not approved.

STEP 5

If your application is approved, we will send a Fuel Dye Authorization Agreement for you to sign and return to the Ministry. Once received, the Director, Motor Fuel Tax Act, will sign the Fuel Dye Authorization Agreement and send you a copy.

Effective the date the authorization is signed by us, you must comply with all of the duties and responsibilities outlined in your authorization.

Instructions for Completing the Application Authorization to Colour Fuel

Item 1

If your business is incorporated under the B.C. Business Corporations Act, or other similar legislation, enter the name as it appears on your Certificate of Incorporation and the incorporation number. Please provide a copy of your Certificate of Incorporation.

If your business is a partnership, list the full legal names of all partners. If there are more than two partners, attach a separate sheet.

If your business is not a corporation or a partnership, describe the type of ownership of the business.

Enter the unique 9-digit business number provided by the Canada Revenue Agency (CRA) to identify your business.

Item 2

Enter the name the business operates under (if different than Item 1 above).

Item 3

Enter your mailing address, including PO box, city, province and postal code, where any correspondence should be sent.

Item 4

Enter the name, position/title and contact information of the primary business contact. This maybe your bookkeeper, accountant or an employee.

Item 5

Indicate if you are an independent operator (i.e. owner of location and owner of fuel).

Item 6

Indicate if you have an agency agreement with your fuel supplier. If you answer **YES**, provide the name of the fuel supplier. If you sell the fuel you receive from your supplier on commission and you do not own the fuel, contact us prior to submitting this application.

Item 7

Indicate if you purchase coloured fuel for resale. Provide a general list of who your coloured fuel customers are/will be (if applicable).

Item 8

Enter your anticipated total monthly fuel sales volumes (in litres) for all your locations by fuel type.

Item 9

Indicate your type of operation by checking all applicable boxes.

Item 10

Indicate the dye container size you prefer to use to mix with clear fuel in the prescribed ratio.

Item 11

Indicate if you will report the dye used at all your fuel colouring locations on a single Dye Stock Report. If you answer **NO**, you are confirming that you will submit dye stock reports on a "per location" basis.

Item 12

Indicate if you have completed [Page 4](#) of this application. You **MUST** complete [Page 4](#) of this application by listing all locations where you intend to colour fuel before you submit your application to us.

Item 13

Your application must be certified by an authorized signing authority.

If your business is a corporation, the declaration must be signed by a member of the board of directors or an authorized employee of the corporation. The signatory must also print their name and list their position/title.

The following items must be completed for each business location colouring fuel.

Item 14

Enter the address for the physical location where you will colour fuel and a site contact for that location.

Item 15

Indicate if you own or lease the location. If you purchased the business from a previous owner, provide the previous owner's name and enter the date you started operations at the location. If you lease the location, indicate the length of the lease.

Item 16

Indicate the type of location by checking all applicable boxes.

See [Bulletin MFT – CT 003](#), Coloured Fuels and Other Substances, for information about the authorized locations where fuel may be coloured.

Item 17

Indicate your method of fuel dyeing for the location.

Item 18

Indicate the total capacity of above-ground and below-ground fuel tanks.

Item 19

Indicate the type(s) of fuel stored at that location.

Item 20

Enter the number and size of tanks used to store premix solution, and the method by which the premix solution containers are secured (e.g. located in locked storage facility).



APPLICATION FOR AUTHORIZATION TO COLOUR FUEL under the Motor Fuel Tax Act

GENERAL INQUIRIES

Toll free: 1-877-388-4440

Email: FuelTax@gov.bc.ca

Complete the form IN FULL. Incomplete forms will be returned. Attach additional sheets if more space is required.

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering the Motor Fuel Tax Act under the authority of section 26(a) of the FOIPPA. Questions about the collection or use of this information can be directed to the Director, Policy, Rulings and Services, PO Box 9442 Stn Prov Govt, Victoria BC V8W 9V4 (telephone: toll free at 1-877-388-4440).

PART A - CONTACT INFORMATION

1 TYPE OF OWNERSHIP AND NAME (choose one only)

Form with checkboxes for CORPORATION, PARTNERSHIP, OTHER and fields for LEGAL NAME OF APPLICANT, LIST ALL PARTNERS, SPECIFY, INCORPORATION NUMBER, BUSINESS NUMBER (9 digits)

2 NAME THE BUSINESS OPERATES UNDER (trade or firm name) FIRM NUMBER (if applicable)

3 BUSINESS MAILING ADDRESS (include street or PO box, city, province and postal code)

4 CONTACT PERSON POSITION/TITLE BUSINESS TELEPHONE NUMBER FAX NUMBER EMAIL ADDRESS

PART B - BUSINESS INFORMATION

5 Are you an independent operator? YES NO

6 Do you have an agency agreement with your fuel supplier? YES NO If YES, provide name of supplier

7 Do you purchase coloured fuel for re-sale? YES NO Who are your expected customers of coloured fuel?

8 What are your anticipated total monthly fuel sales volumes (in litres) for all your locations in B.C.? CLEAR GASOLINE CLEAR DIESEL COLOURED GASOLINE COLOURED DIESEL HEATING OIL

9 Indicate your type(s) of operation (check (✓) all that apply) BULK PLANT CARDLOCK KEYLOCK REFINERY TERMINAL BULK DELIVERY

10 What is your preferred dye container? 190.5 KILOGRAM DRUMS 18.1 KILOGRAM PAILS 3.5 KILOGRAM CANS

11 Will you report the dye used at all your fuel colouring locations on a single Dye Stock Report? YES NO

12 Have you completed Page 4 of this application? YES NO You MUST provide details for each location on Page 4 of this application (make additional copies of Page 4 if required).

PART C - CERTIFICATION BY APPLICANT

13 By completing this document, you are certifying that all information it contains is true and complete. You are advised that false information may result in penalties and/or prosecution.

SIGNATURE OF AUTHORIZED PERSON NAME TITLE/POSITION DATE SIGNED YYYY / MM / DD

PART D – LOCATION DETAILS (complete one for each location where you intend to dye fuel)**14** PHYSICAL LOCATION OF BUSINESS (street address)

CITY	PROVINCE	POSTAL CODE	SITE CONTACT TELEPHONE NUMBER	FAX NUMBER
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15 DO YOU OWN THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION TAKEN OVER FROM PREVIOUS OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF PREVIOUS OWNER
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EFFECTIVE START DATE OF OPERATION AT THIS LOCATION (YYYY/MM/DD)	DO YOU LEASE THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	EFFECTIVE START AND END DATE OF LEASE START DATE (YYYY/MM/DD) END DATE (YYYY/MM/DD)
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16 TYPE OF LOCATION (check (✓) all that apply)

BULK PLANT CARDLOCK KEYLOCK REFINERY TERMINAL VESSEL TRUCK-MOUNTED INJECTOR

17 FUEL DYEING METHOD (check (✓) all that apply)

FUEL INJECTION PUMP HAND DYE

18 TOTAL CAPACITY OF FUEL STORAGE TANKS	ABOVE GROUND TANKS	BELOW GROUND TANKS
	NUMBER OF TANKS _____	NUMBER OF TANKS _____
	TOTAL CAPACITY (litres) _____	TOTAL CAPACITY (litres) _____

19 TYPE(S) OF FUEL STORED IN TANKS (check (✓) all that apply)

CLEAR GASOLINE CLEAR DIESEL COLOURED GASOLINE COLOURED DIESEL HEATING OIL

20 PREMIX STORAGE

NUMBER OF TANKS _____ SIZE OF TANKS (litres) _____ METHOD USED TO SECURE _____

PART D – LOCATION DETAILS (complete one for each location where you intend to dye fuel)**14** PHYSICAL LOCATION OF BUSINESS (street address)

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15 DO YOU OWN THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION TAKEN OVER FROM PREVIOUS OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF PREVIOUS OWNER
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EFFECTIVE START DATE OF OPERATION AT THIS LOCATION (YYYY/MM/DD)	DO YOU LEASE THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	EFFECTIVE START AND END DATE OF LEASE START DATE (YYYY/MM/DD) END DATE (YYYY/MM/DD)
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